PTO/SB/17 (12-04v2)
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Effective on 12/08/200	Complete if Known						
rees pursuant to the consolidated Appropriations Act, 2005 (n.n. 4010).		Application Nur	Application Number 10		10/660,879-Conf. #6926		
FEE TRANSMITTAL		Filing Date		September 10, 2003			
For FY 2005		First Named Inventor David M.		David M. Oles			
F01 F1 200	Examiner Name M. W. O'Neill						
Applicant claims small entity status.	Art Unit 3713						
TOTAL AMOUNT OF PAYMENT (\$) 150.00		Attorney Docket No. 29757/P-276			-DIV		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP							
For the above-identified deposit	account, the Director	s hereby authorize	ed to: (chec	k all that apply)			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayment of X Credit any overpayments							
fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXA	MINATION FEES		···				
, ,		ARCH FEES	EXAMIN	ATION FEES			
	Small Entity	Small Entity	- 4	Small Entity	F B-	-1.70	
Application Type Fee (\$)	Fee (\$) Fee (		Fee (\$)	Fee (\$)	Fees Pa	ia (\$)	
Utility 300	150 500		200	100			
Design 200	100 100		130	65			
Plant 200	100 300		160	80			
Reissue 300	150 500		600	300			
Provisional 200	100 0	0	0	0			
						nall Entity	
Fee (\$) Fee (\$)							
Each claim over 20 (including Reissue				50	25		
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
	<del></del>	Paid (\$)	Multiple Depende				
2320=3x	50.00 = 1	50.00	Fee	<u>e (\$)</u> <u>F</u>	ee Paid (\$)		
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)					
3 -3 = 0 ×	=						
3. APPLICATION SIZE FEE							
If the specification and drawings exce							
listings under 37 CFR 1.52(e)), the			for small en	itity) for each a	dditional 50		
sheets or fraction thereof. See 35  Total Sheets Extra Sheets		additional 50 or frag	; stion thoroof	Fee (\$)	Fee Pa	id (\$)	
- 100 =	(round up to a whole number) x			=			
- 100 = /50 (round <b>up</b> to a whole number) x =						aid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Signature	<u> </u>	Registration No. (Attorney/Agent)	47,970	Telephone (312) 474-6300		6300	
Name (Print/Type) Paul B. Stephens				Date November 15, 2005			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandra 42. 22313-1450, on the date shown below.					
Dated: November 15, 2005	Signature: Paul B. Stephens				